

BACKGROUND

- Autopsies are a vastly important tool for understanding anatomy and disease processes in the field of medicine
- Autopsy rates in the US have decreased by over 50% since 1972¹
- Clinician-family interaction and the discomfort with the process is a major barrier to obtaining autopsy consent²
- The task of requesting autopsies is frequently relegated to residents
- Our preliminary survey also shows that residents are uncomfortable and unfamiliar with the autopsy process (Figure 1 and Figure 2)
- Other institutions have had success improving autopsy rates and physician satisfaction with the process using interventions including an autopsy card, annual conferences, and Descendent Affairs programs³

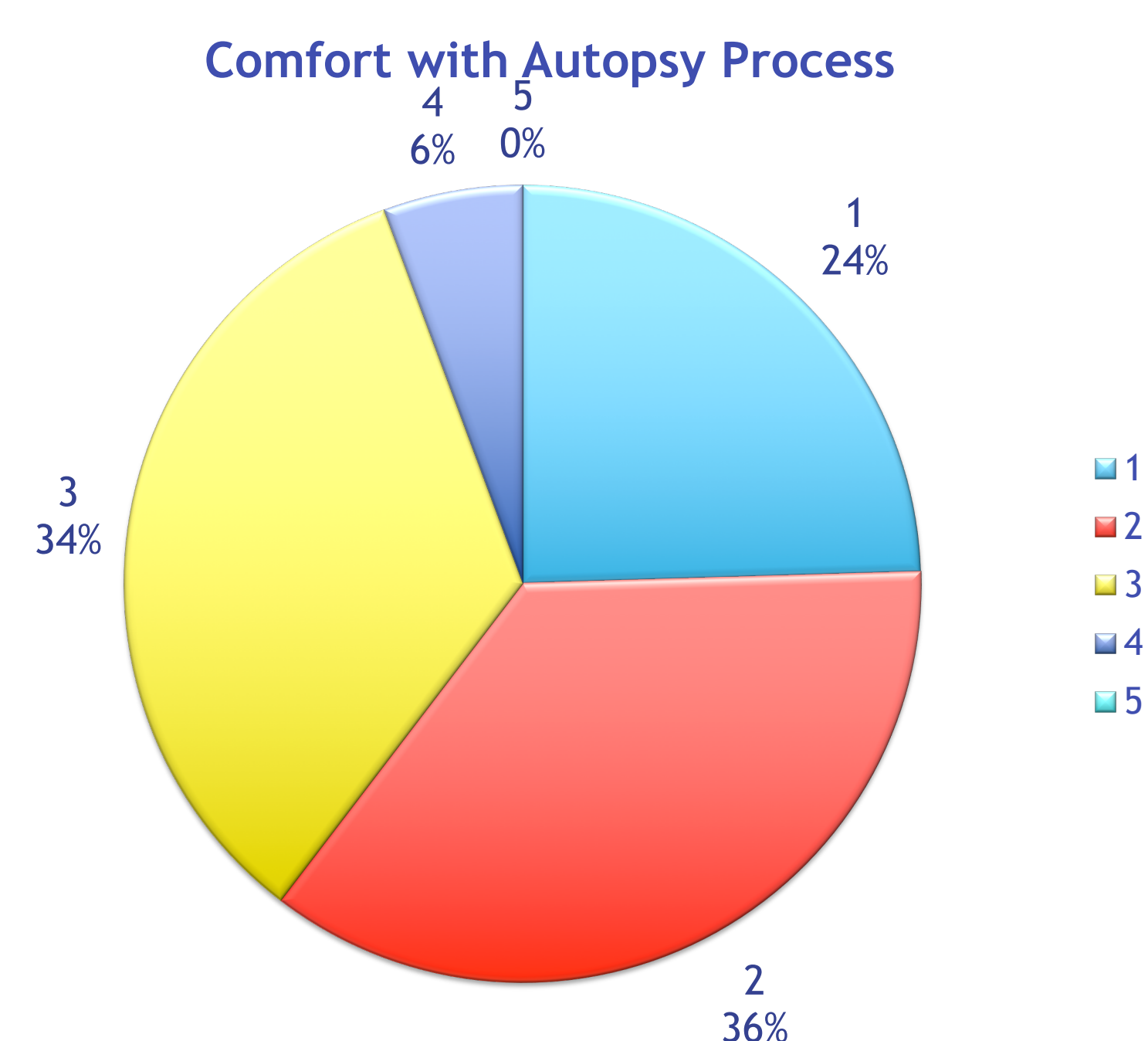


Figure 1. Resident Survey Responses Gauging Comfort with Autopsy Process (1=Not Comfortable to 5=Very Comfortable)

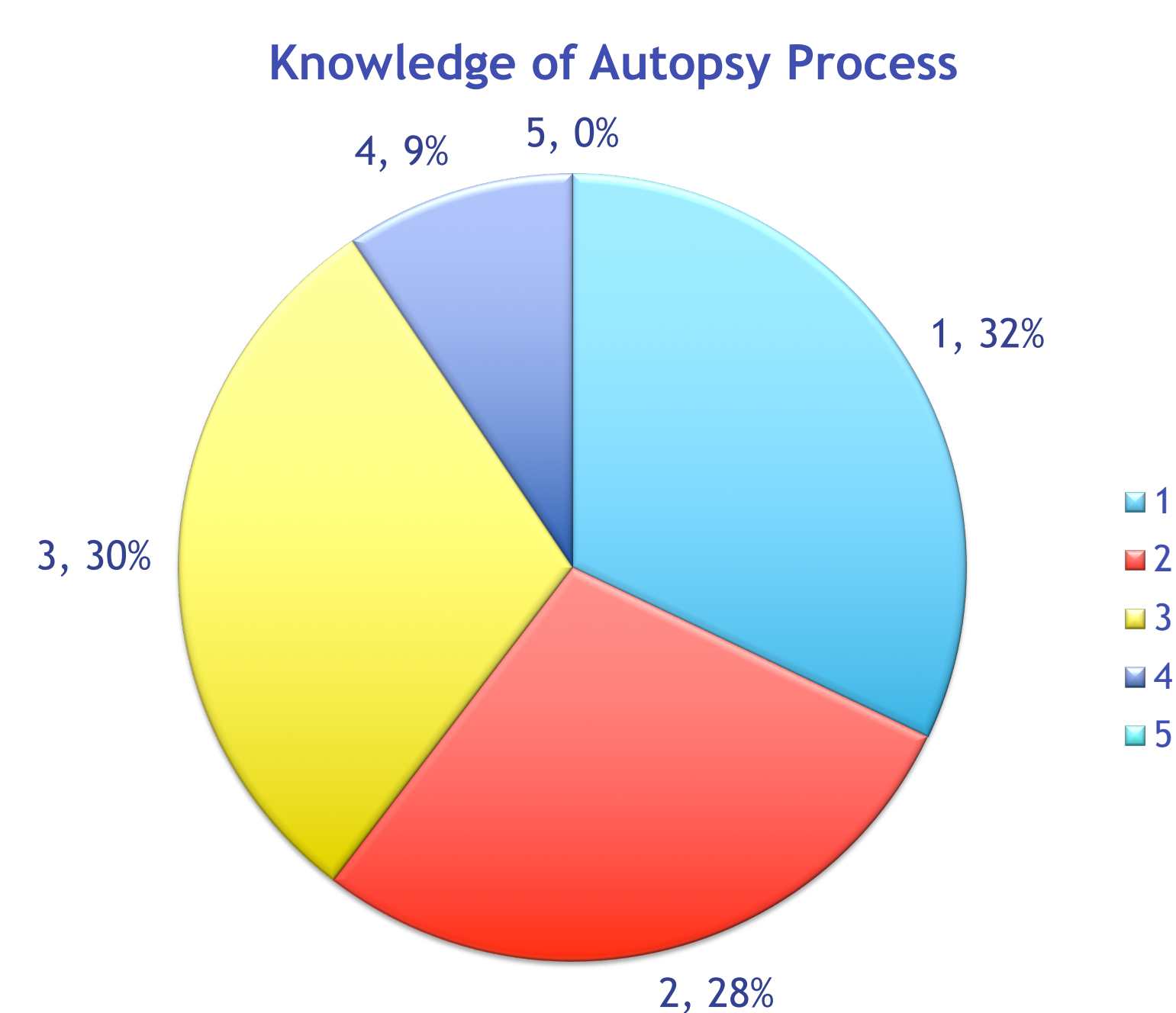
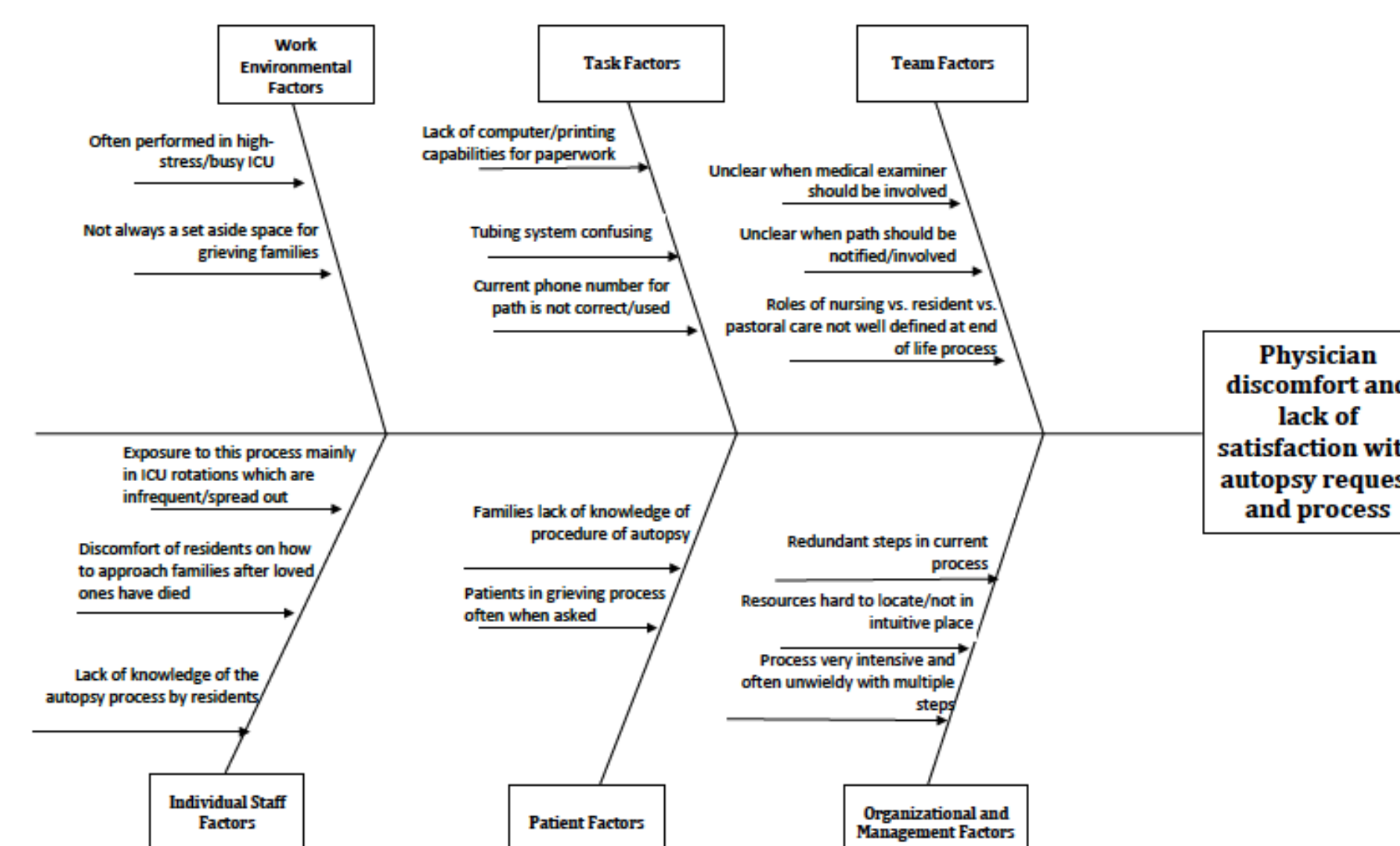


Figure 2. Resident Survey Responses Gauging Knowledge of Autopsy Process (1=Not Comfortable to 5=Very Comfortable)

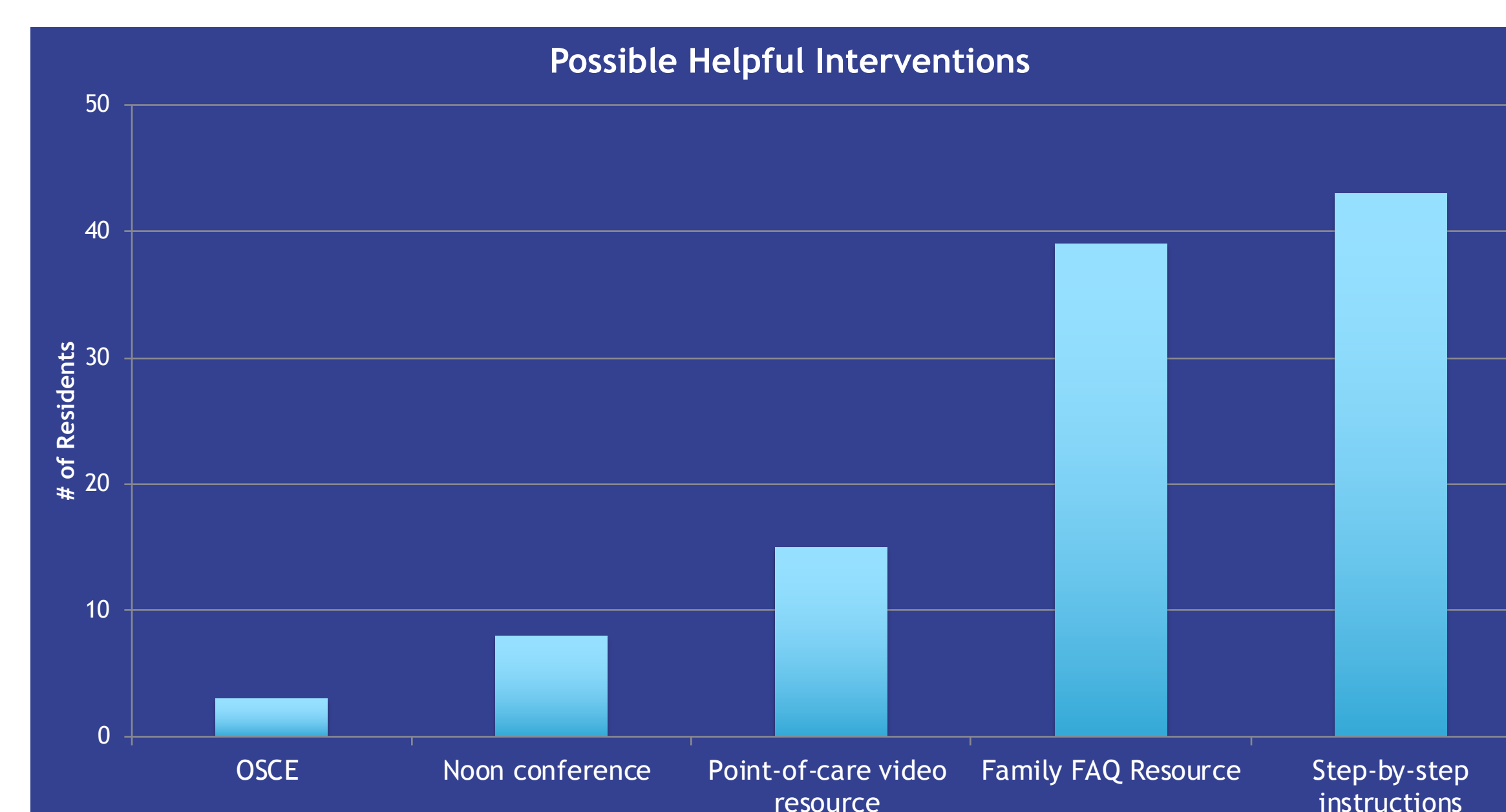
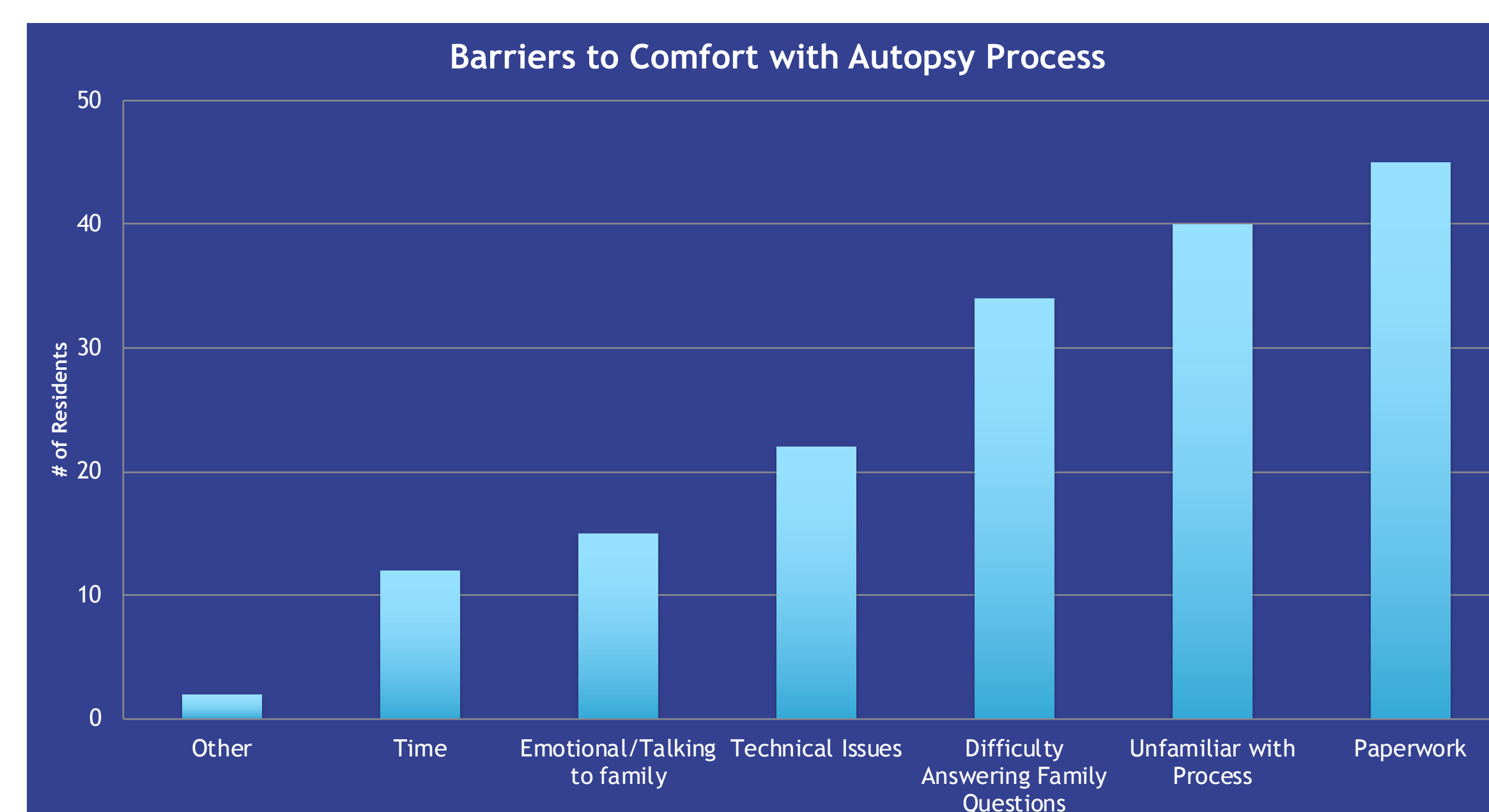
Objective

- We aim to increase resident comfort and knowledge of the autopsy process by 20% based on average survey response scores



METHODS AND RESULTS

- Baseline comfort with the autopsy process was assessed using an 8 question electronic survey
- 53 responses were obtained (93% had experience requesting an autopsy from a patient's family)
- We used these responses to determine the most effective intervention



INTERVENTION

- Based on initial survey responses and data from other institutions^{2, 3, 4} two resources were made:
 - Step by step instruction guide for autopsy consent process
 - Autopsy Q&A which answered frequently asked questions that both families and residents had
- Resources were distributed to the the program electronically as well as hard copies to the ICUs and resident lounge

RESULTS

- Our initial goal was to reassess resident comfort after our intervention by sending a post intervention survey to measure any changes in attitudes
- Due to the COVID-19 pandemic, our project was incredibly limited as autopsies were not being performed on COVID patients
- We have not been able to evaluate the success of our intervention to date, however we plan to continue to follow and reevaluate this process in the future

DISCUSSION AND FUTURE DIRECTIONS

- As seen in initial survey many residents had both low levels of comfort and knowledge about the autopsy process
- Paperwork and unfamiliarity with process were cited as most common barriers to comfort
- We aimed to address this issue with the above intervention and plan to continue to measure our progress
- We hope to implement additional interventions including
 - OSCE for incoming interns
 - Noon conference session
 - Video resource
 - Family centered informational brochure
- Other avenues for improvement include
 - Integration with the pathology department
 - Improving the technical difficulties and user interface of the online consent form
- Another interesting area of analysis and evaluation would be the effect (if any) these interventions have on the number of autopsies being performed at TJUH

REFERENCES

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